



# 2009 - 2010 MICHIGAN'S AMERICORPS TITLE PAGE



**Name of Proposed Program:**

**Name of Applicant Organization:**

**Contact Person:**

**Title:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**Name of Organization Operating Program (if different from Applicant Organization):**

**Contact Person:**

**Title:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone**

**Fax:**

**Email:**

**County, region, or city in which program will operate:**

**Program Emphasis (please check one):**

Human Needs

Environment

Disaster Preparedness

Education

Public Safety

**Does the program focus specifically on any of the following? (Check all that apply)**

Volunteer Mobilization

Engaging of Baby Boomers

Youth Services

Disaster Preparedness/Recovery

Engaging Students in Communities

Engaging/Serving Veteran

**Members (please enter the appropriate number in the blanks below):**

Full-time (1700 Hours)

Reduced Half-time (675 hours)

Half-time (900 hours)

Minimum-time (300 hours)

Quarter-time (450 hrs)

**Budget:**

**CNCS Share Requested:**

**Grantee Share:**

**Authorized Signature:** \_\_\_\_\_

**Title:**

**Date:**